

Registration Form



Community Services Department ■ 3500 South Rural Road ■ Tempe, AZ 85282 ■ 480-350-5277 ■ FAX 480-350-5184

This form can be used to register up to four different family members -OR- up to four different activities for the same participant.

Household Information (Please Print)

Last Name:				Primary Adult Contact:			
Address:			APT #	City		Zip	
Phone: Eve	Day	Additional		Additional			

* Please provide Participant Last Name if different from Household Last Name above.

Please Be sure to **DOUBLE CHECK** Activity Code to ensure you are registered for the correct activity.

Participant First Name (and Last Name if Different)	Middle Initial	Gender	Adult or Date Of Birth	Age	Grade	School	ACTIVITY CODE (eg. DSAY-1B)	Fee
Participant 1 & Class 1								
Alternate Choice if above is unavailable ----->								
Participant 2 OR Class 2								
Alternate Choice if above is unavailable ----->								
Participant 3 OR Class 3								
Alternate Choice if above is unavailable ----->								
Participant 4 OR Class 4								
Alternate Choice if above is unavailable ----->								

NOTE: If fee for 2nd Choice class is higher, pay higher fee and credit will be mailed as appropriate.

Total Amount Due: \$ _____

Check Number Enclosed _____

OR Complete VISA or MASTERCARD Information Below

Visa or MasterCard Number _____ **Exp. Date:** _____

Today's Date _____ **Signature Authorizing Charge to above number** _____

Waiver of Liability

- With knowledge and appreciation of the risk of injury, I wish to participate in this Class/Activity. I agree to assume the risk of personal injury while participating.
- I understand the City of Tempe does not carry accident, sickness, or medical insurance for participants.
- I understand that all reasonable efforts will be extended to insure my health and safety.
- If the Class/Activity includes any physical exertion, I agree to perform the exercise at my own ability level.
- I fully understand the nature of this Class/Activity, and I waive and release and hold harmless the City of Tempe and any of its agents, employees, officers, council members, and sponsors for any and all rights and claims for damages or costs I may have against the City of Tempe, its agents, employees, officers, council members, and sponsors for personal injury, death, or property damage suffered by me, or that I may cause to others, as a result of my participation in this Class/Activity.
- I agree to look to my private physician for medical advice and care and to notify my teacher or instructor of any physical limitations I might have or modifications I might need to the Class/Activity. I will require the following accommodation to participate: _____

I have read and clearly understand the above statements. I realize this is a contract between myself and the City of Tempe and is a release of Liability. I sign it of my own free will.

REQUIRED: Participant Signature

AND Printed Name

Date

(Parent or Legal Guardian Signature for Participants under 18 years)

Staple Check or Money Order Here